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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

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OR

☐ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):

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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

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Assignee Name and Address:

Molhaster Applications, LLC
160 Greentree Drive, Suite 101
Dover, DE 19904
United States of America

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	3/3/2010
Name	Stephen Finley	Telephone	
Title	Authorized Person for Molhaster Applications, LLC		

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